



Galaxy of Stars Benefit Dinner & Auction  
Saturday, March 5, 2016

Date: \_\_\_\_\_  
Ticket #: \_\_\_\_\_  
Entered By: \_\_\_\_\_  
Item Number: \_\_\_\_\_  
Status: \_\_\_\_\_

**Auction Item Donation Form**

Your support of Cornelia Connelly School's Galaxy of Stars Benefit is greatly appreciated. Please complete the following information as you would like it printed in our acknowledgements. Submit the item along with this form **no later than January 31, 2016.**

**DONOR Name** \_\_\_\_\_

**Company Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

Parent\_\_\_ Student\_\_\_ Alumna\_\_\_ Alumna Parent\_\_\_ Faculty\_\_\_ Staff\_\_\_ Friend\_\_\_.

**Item Name** (Brief description of item.)

**Item Value**

\_\_\_\_\_ \$ \_\_\_\_\_

**Item Description** (Please be as specific as possible. If possible, attach a photo of the item. For vacation packages, include location and detailed description of accommodations.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Item Restrictions** (Dates available, expiration date, delivery limitations, age restrictions, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Complete this section only if you are submitting an item that you solicited from another donor.***

**SOLICITOR Name** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

Parent\_\_\_ Student\_\_\_ Alumna\_\_\_ Alumna Parent\_\_\_ Faculty\_\_\_ Staff\_\_\_ Friend\_\_\_ Other\_\_\_